



American Cue-makers Association Application for Membership

MERCHANDISING & ASSOCIATE MEMBERSHIP APPLICANTS

Name: _____

Address: _____

Name of Cue or Company: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

I understand all information on this application is confidential and for the use of the ACA to determine membership qualifications.

SIGNATURE _____ DATE: _____

Please send this application and a check for \$100 payable to the American Cue-maker's Association to Jim Buss at:

American Cue-maker's Association
9319-A Midland Blvd.
St. Louis, MO 63114